REQUEST FOR PATENT FEE REFUND

1 Date of Request: 6/28/2005   **2 Serial/Patent #** 10/530111

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
✓ Filing			$ 50
Amendment			$
Extension of Time			$
Notice of Appeal/Appeal			$
Petition			$
Issue			$
Cert of Correction/Terminal Disc.			$
Maintenance			$
Assignment			$
Other			$

	7 TOTAL AMOUNT OF REFUND	$ 50

8 TO BE REFUNDED BY:

Treasury Check

10 REASON:

✓ Overpayment	Credit Deposit A/C #:
Duplicate Payment	9 1 4 -- 0 9 3 0
No Fee Due (Explanation):	

Rule change - 08 Dec 2004 —

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: _____   TITLE: Supervisor

SIGNATURE: Terry M. Johnson Vessels   PHONE: 703-308-9140

OFFICE: DO/EO   X221

****
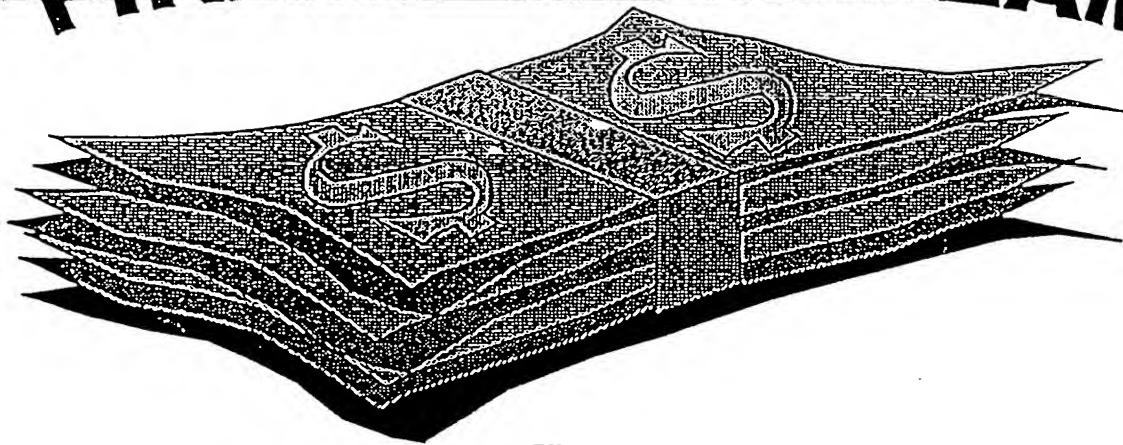THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____   DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

SPECIAL REQUEST FOR FINANCE/RAM TEAM

TO: PCT RAM TEAM CP2/5TH FLOOR

PLEASE PROCESS THE FOLLOWING ADJUSTMENTS:

FROM		TO	
CODE	FEE AMOUNT	CODE	FEE AMOUNT
2632	250	2642	200

ER:

☐ CHARGE VOUCHER IS ATTACHED TO CHARGE / REFUND ADDITIONAL FEES

☐ OTHER: _____

THE ORIGINAL METHOD OF PAYMENT WAS

☐ BY A CHECK

☑ BY A CHARGE TO DEPOSIT ACCOUNT NO. *14-0930*

REQUESTED BY: *Terry M. Johnson Vessels* DATE: _____